



City of Kingsport

Aquatic Membership Application

Please fill out this application using blue or black ink and return to the Customer Service Center at City Hall. The anticipated opening date for the Kingsport Aquatic Center is mid May. *The Kingsport Aquatic Membership and Pass options only grant you access to the aquatic amenities of the facility.* For additional information, please visit our Facebook page at <https://www.facebook.com/swimkingsport>.

PLEASE PRINT

Name
Last First MI Date of Birth

Address
Street Address

City State Zip Male Female

Home Phone Cell Phone Work Phone E-Mail Address

PLEASE CIRCLE YOUR MEMBERSHIP SELECTION. IF MONTHLY PLAN IS SELECTED PLEASE COMPLETE BACK OF FORM

Membership Type	Adult Age 22-54	Senior Age 55 & Over	Family 2 Adults & Dependents / Same Household	Couple 2 Individuals / Sharing Same Household	Youth Age 3-21
Season	\$ 125 ONE TIME	\$ 75 ONE TIME	\$ 200 ONE TIME	\$ 175 ONE TIME	\$ 75 ONE TIME
Annual	\$ 325 ONE TIME or \$27.08 per mth	\$ 230 ONE TIME or \$19.17 per mth	\$ 475 ONE TIME or \$39.58 per mth	\$ 400.00 ONE TIME or \$33.33 per mth	\$ 230.00 ONE TIME or \$19.17 per mth
City Pass	\$ 450.00 ONE TIME or \$37.50 per mth	\$ 350.00 ONE TIME or \$29.17 per mth	\$ 600.00 ONE TIME or \$50.00 per mth	CATTAILS CARD TYPE _____ CATTAILS CARD # _____	
Swing & Splash	\$ 435.00 ONE TIME or \$36.25 per mth	\$ 325.00 ONE TIME or \$27.08 per mth		CATTAILS CARD TYPE _____ CATTAILS CARD # _____	

Additional Household Members on Account

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Name: (Last) First MI Relationship DOB Male/Female E-Mail Address

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Name: (Last) First MI Relationship DOB Male/Female E-Mail Address

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Name: (Last) First MI Relationship DOB Male/Female E-Mail Address

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Name: (Last) First MI Relationship DOB Male/Female E-Mail Address

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Name: (Last) First MI Relationship DOB Male/Female E-Mail Address

Signature _____ Date _____

AUTHORIZATION FORM for RECURRING PAYMENTS

You authorize regularly scheduled charges to your Checking/Savings account **Or** Visa, MasterCard, or Discover for your annual Aquatic Center Membership. You will be charged on a scheduled date each month. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization at least 15 days in advance of the next scheduled charge. You also authorize the City of Kingsport Aquatic Center to increase or decrease the amount below as necessary in order to continue your annual membership within the rates as established by the City of Kingsport Board of Mayor and Aldermen.

I, _____ authorize the City of Kingsport Aquatic Center to charge/debit
(Customer name)

My account in the amount of \$ _____ for payment of my annual Aquatic Center Membership
(Enter amount)

On a monthly basis beginning on or after _____.
(Date of first payment)

CHOOSE ONE METHOD OF RECURRING PAYMENT

CHECKING or SAVINGS account (circle one)

Bank Name

Bank Routing #

Your Account #

City / State

Your Phone #

If you are unsure of your Bank's Routing Number, please contact your bank for that information.

ATTACH VOIDED CHECK or DEPOSIT SLIP

CREDIT or DEBIT card (circle one)

Visa MasterCard Discover

Cardholder name

Account #

Authorization Code _____ Exp Date _____

Billing Address

City, State, Zip

Phone #

I agree to notify the City of Kingsport Aquatic Center in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand that cancellations must be made in writing and I will not dispute merchant recurring billing with my bank or credit card company, so long as the amount corresponds to the terms indicated in this agreement.

Signature _____ Date _____